State of Kansas Department of Administration Division of Accounts and Reports DA - 120 (Rev, 10-00)

PAYMENT VOUCHER

Agency No.	Div. No.	Current Doc. No.
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Document Date: Effective Date:								Due Date:					
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Vendor Information								Paying Agency Name & Address					
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City,St, & Zip													
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AGENCY APPRO	OVALS:		AGENCY PAYMENT CERTIFICATION: I certify that the within was contracted for the State under authority of law, and that the amount herein is unpaid and correct according to such contact.										
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